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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	AL01132K
First Named Inventor	Affrime, et al
<b>COMPLETE IF KNOWN</b>	
Application Number	09 / 760.588
Filing Date	January 16, 2001
Group Art Unit	1614
Examiner Name	C. Delacroix-Muirheid

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATING ALLERGIC AND INFLAMMATORY CONDITIONS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/16/2001 as United States Application Number or PCT International

Application Number 09/760,588 and was amended on (MM/DD/YYYY) 08/22/2002 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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60/179,910	02/03/2000	

[Page 1 of 2]

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Name					
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5037	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
MELTON B.		AFFRIME					
Inventor's Signature				Date			
Residence: City	Warren	State	NJ	Country	USA	Citizenship	USA
Post Office Address	11 Whispering Way						
Post Office Address							
City	Warren	State	NJ	ZIP	07059	Country	USA

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
CHRISTOPHER R.				BANFIELD			
Inventor's Signature				Date			
Residence: City		Newbury Park		State		CA	
		Country		USA		Citizenship	
		USA					
Post Office Address		4562 Via Rodeo					
Post Office Address							
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		USA					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SAMIR K.				GUPTA			
Inventor's Signature		<i>Samir K. Gupta</i>		Date		4/29/03	
Residence: City		East Brunswick		State		NJ	
		Country		USA		Citizenship	
		USA					
Post Office Address		22 Hartlander Street					
Post Office Address							
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		USA					
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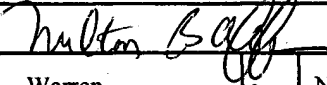
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Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	THOMAS D. HOFFMAN			Reg. No.	28,221
Address					
Address					
City		State		ZIP	
Country		Telephone	(908) 298-5037	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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24265

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**SIGN  
&  
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Given Name (first and middle [if any])				Family Name or Surname				
CHRISTOPHER R.				BANFIELD				
Inventor's Signature	Christopher R Banfield			Date	5/5/03			
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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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60/179,910	02/03/2000	

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24265 → Place Customer Number Bar Code Label here

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Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:   ☐ A petition has been filed for this unsigned inventor

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Inventor's Signature	<i>Melton B. Affrime</i>	Date	1/16/01
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☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

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